

Improving Sepsis Care

Collaborations improving the delivery of care for patients across the continuum

Meadowview Regional Medical Center



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Improving Sepsis Care: Data Story

- Daily real time audits of all patients entering Inpatient or observation status
 - Real time reports to providers for fallout on sepsis bundles
 - Order set development and rationale behind the “why”
- Daily discussion in IDT for the quality improvement piece as well as to involve all other members of the team for the identification of sepsis parameters/needs of patients



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The Opportunity to Improve Sepsis Care

- **Mission:** To Improve Consistent Evidence-Based Sepsis Care to our Patient Population
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- **Goals/Objectives:** To provide prompt/quality sepsis care across the care continuum
 - Sepsis Education to Staff, Providers, Post-Acute Providers & Community
 - Act quickly upon sepsis & septic shock recognition
 - Minimize time to treatment bundles as sepsis is a medical emergency
 - Utilize evidence-based practices
 - Utilize our EHR to assist staff and providers
 - Celebrate & reward successes
 - Collaborate as multidisciplinary team



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What did you do:

- To increase our sepsis education across the care continuum-
 - focused on educating our staff on sepsis and prompt treatment and prevention
 - re-examined our plan of care documentation process
 - created a survey tool for the sepsis patient population to obtain feedback and utilize that feedback to create solutions to education barriers
 - identified sepsis educational material that is beneficial to the patient/family/caregiver
- To decrease our time to administration of antibiotics-
 - ensured there is sepsis educational material visible to patients and providers
 - provided education to providers and staff to the benefits of early administration of broad spectrum antibiotics
 - created a visual hard stop process within the electronic medical record
 - monitored physician order set use to ensure timely and proper antibiotic is administered;



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What did you do:

- To improve the accuracy of initial screening and recognition of severe sepsis/septic shock-
 - educated the providers and front line staff on the signs and symptoms of sepsis and elements of the 3 and 6 hour bundle sets
 - developed a process for physicians to get individual real time reports for missed opportunities to allow for prompt education and mitigation of other concerns
 - developed a sepsis quiz for all staff during new-hire
 - discussing progress at least monthly during committee meetings
 - Real time review of nursing sepsis assessment and physician documentation for compliance.
- To decrease the time of fluid resuscitation-
 - provided sepsis 3 and 6 hour bundle set education to providers and clinical staff
 - provided sepsis education to providers in medical staff on a continuous basis
 - monitored fluid resuscitation compliance on a monthly basis to identify challenges/solutions to giving the fluid resuscitation in a timely manner
 - developed a system to provide feedback to physicians related to fluid resuscitation compliance for improvement with detailed events.



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Your Results: How you made a Difference

- How did the intervention(s) change/improve processes?
 - Improved overall patient care and experience of care.
 - Allowed us to serve our patients in our community rather than transfer to tertiary centers
- Describe the staff experience.
 - Staff is excited to take part of this workplan and they own the experience with the patient and their families.
 - Staff eager to complete the survey for feedback on their care
- Discuss health equity considerations
 - We must focus on tailoring the care to our community and those that are in our community especially the underserved or high risk

Key Takeaways: Lessons learned

- Continue to provide community education to our area nursing homes, health fairs, etc.
- Sepsis is underreported and should be the focus of healthcare conversations no matter the age of the patient
- Continue to educate staff and provide real time feedback for opportunities as room for growth in our staff and facility
- Continue to use best practice to guide our practices



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